

N THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Lardais et al.)
,) Title: VEHICLE SEAT PROVIDED
) WITH A HINGE MECHANISM
Serial No.: 10/612,430)
) Group Art Unit: 3636
)
Filed: July 2, 2003) Examiner: Stephen D'Adamo
)

AMENDMENT TRANSMITTAL and PETITION FOR EXTENSION OF TIME

Mail Stop Amendment

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment for the above application.

CERTIFICATE OF MAILING (37 CFR 1.8)

I hereby certify that this paper and the documents referred to as enclosed therewith are being deposited with the United States Postal Service as first class mail, postage prepaid, on August 22, 2005, in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

08/25/2005 EFLORES 00000080 10612430

01 FC:1252

450.00 OP

J. William Frank, III

1. Small Entity Status

[] Small entity status has been established and is still effective.

2. Extension of Time

[X] This is a petition for an extension of time under 37 CFR 1.136 for the total number of two months <u>checked</u> below:

Extension (Months)	FEE FOR LARGE ENTITY		FEE FOR SMALL ENTITY		
One Month		\$ 120.00	\$ 65.00		
Two Months	X	\$ 450.00	\$ 225.00		
Three Months		\$1,020.00	\$ 510.00		
Four Months		\$1,590.00	\$ 795.00		
Five Months		\$2,160.00	\$1,080.00		

If an additional Extension of Time is required, please consider this a petition therefor.

Extension	Fee.	\$450	ሰሰ
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[] An extension for _____ month(s) has already been secured and the fee paid therefor of \$____ is deducted from the total fee due for the total months of extension now requested.

Deduction \$

Extension Fee Due With This Request \$450.00

3. Fee for Claims

The fee for additional claims [(37 CFR 1.16(b)-(d)] has been calculated as shown below:

		SMALL ENTITY		OTHER THAN A SMALL ENTITY				
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Additional Fee	Rate	Additional Fee
TOTAL	15	MINUS	20	=0	X \$25=	\$	X \$50 =	\$
INDEP.	3	MINUS	3	=0	X \$100 =	\$	X \$200 =	\$
☐ First Presentation of Multiple Dependent Claim + \$180 =			\$	+ \$360 =	\$			
TOTAL ADDITIONAL CLAIM FEE(s)				\$	OR	\$0.00		

TOTAL FEES DUE: \$450.00

3. Method of Payment of Fees

[X] Charge our firm credit card in the amount of:
[PTO-2038 Credit Card Form authorization attached]
[] Charge Deposit Account No. 50-1903
in the amount of:
[X] A copy of this Transmittal is enclosed.

4. Deposit Account and Refund Authorization

The Commissioner is hereby authorized to charge any deficiency in the amount enclosed or any additional fees which may be required during the pendency of this application under 37 CFR 1.16 or 1.17, except issue fees, to Deposit Account No. 50-1903. A copy of this Transmittal is enclosed.

Please refund any overpayment to McCracken & Frank LLP at the address below.

Respectfully submitted,

McCracken & Frank LLP

August 22, 2005

J. William Frank, III Reg. No: 25,626

200 West Adams, Suite 2150 Chicago, Illinois 60606 (312) 263-4700

Customer No: 29471